

FEDMER STATEMENT OF PARTICIPATION (SOP) --PAGE 1 of 2

Participation in this SSA/OPM Test Project is Voluntary.

To be Completed by Employee			
_____ First Name	_____ Middle Initial	_____ Last Name	(_____)_____ Home Telephone Number
_____ Home Address, City, State, Zip Code			
_____ Name/Location of Agency		_____ Work Telephone Number	
_____ Date of Birth	_____ Social Security Number	_____ Alleged Onset Date OR Date Application Submitted to Agency	

ADVANTAGES OF FEDMER

- One-stop shopping--begin the application process for Social Security Disability while filing for FERS disability benefits at your agency.
- The U.S. Office of Personnel Management (OPM) and Social Security will share medical evidence so you don't have to obtain duplicate information.
- Social Security will send OPM a copy of its decision letter. If you qualify for Social Security disability benefits, OPM can adjust your FERS annuity immediately. This will reduce the chance of an overpayment.
- OPM and Social Security can make their decisions faster.
- Find more details about FEDMER on the FEDMER Participation Fact Sheet or visit <http://www.opm.gov/benefits/fedmer/fedmer.htm>

By agreeing to participate in the SSA/OPM FEDMER Test Project, I authorize OPM and SSA to share information related to my claim for disability benefits. I have read the description of the Test Project and understand that I am not waiving any of my rights under the SSA and OPM disability programs by participating in this test. I also understand that all medical records and other information related to my claim will be kept confidential according to the applicable Privacy Act regulations.

I understand SSA will give to OPM an estimate of my Social Security disability amount once I have applied for FERS disability benefits. I also understand that SSA will send to OPM a copy of my Social Security notice of award or disallowance, and notify OPM if/when I file an appeal of my Social Security disability claim. I am the individual to whom the information/record applies. I know if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

☐ I want to participate in FEDMER.

Employee Signature

Date

☐ I understand the advantages of FEDMER, and I do not want to participate.

Employee Signature

Date

FEDMER STATEMENT OF PARTICIPATION (SOP) --PAGE 2 of 2**To be Completed by Agency Representative**

This certifies that _____

Employee Name/SSN

has completed the FEDMER package and we are forwarding it to OPM on ____/____/____.

Date**The employee's current work status is:**

? A) Leave status (e.g., sick , annual, LWOP), or

? B) Reduced attendance or work activity or change in duties due to condition, or

? C) Continues to work full-time in current position.

? Other/Remarks: _____

Agency Representative_____/_____/_____
Date**Agency Representative:**

After you complete the first page of this form, please fax **BOTH** pages of this form to the servicing SSA field office. Put the original form in the FEDMER package you send to OPM. See <http://www.ssa.gov/phila/fedmr1.htm> for Social Security fax numbers and other information about Social Security Disability claims under FEDMER.

FEDMER BENEFIT VERIFICATION/LEAD**To: Servicing SSA Field Office****From:**

Name/Agency

Street Address**Phone Number:**

City/State/Zip**Fax****Fax Number:** _____**Number:** _____**FO ACTIONS NEEDED:**

1. Review **"employee's current work status"** information in the box at the top of the page.
2. If **"A"** or **"B"** is checked, make a T2 DIB PHONE appointment via the 800# screens for at least 3 weeks in the future. Code the last 3 letters of the "unit" field as **"FED"**. Your office should receive the FEDMER package (completed 3368, 827s, and medical evidence) from OPM by that date. DO NOT request the applicant to complete a new 3368. **Exception:** If **"TERP"** remark is shown above, contact the applicant immediately to file for disability benefits. The FEDMER package will be mailed to your office immediately by the employee's agency.
3. If **"C"** is checked above, set up a LEAD only for T2 DIB via the 800#screens and indicate **"FEDMER Applicant—SGA"** in remarks. If SGA later ends, you will receive the FEDMER package from OPM and a T2 DIB claim should be taken at that time.
4. **Compute the benefit estimate information in item #8 below and fax this page to OPM at (202) 606-4052.**
5. When a DIB claim is taken, the CR should annotate the **NOT1** screen with OPM as Third Party (OPM FERS DIVISION, RM 3313, ATT: FEDMER, 1900 E. St. NW, Washington, DC 20415). The CR should also prepare a Report of Contact for DDS requesting that a copy of any denial notice be sent to OPM at the same address. NOTE: Unlike other FERS disability applicants, a FEDMER applicant is not required by OPM to file a DIB claim if engaging in SGA.
6. Call the Disability Procedures Team at (215) 597-7490 if you do not receive the FEDMER package by the date of the appointment or if you have any other questions.
7. If you need additional information you can also access the "FEDMER" link on the Center for Disability Programs' home page on PhilaNet at <http://10.235.42.200/Prog%20Info/CDP/cdp.htm>
8. Based on the "Alleged Onset Date or Date Application Submitted to OPM" (see the last entry in "To Be Completed by Employee" box on the first page of this form), the claimant's estimated SSA Disability benefit amount is: \$ _____ per month.

Signature of Field Office Employee/Title(_____)_____
Phone Number